

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/646,204</b>		FILING DATE	
						APPLICANT(S)		<b>09/646204</b>	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12			0				62		
13	1		1				63		
14	1		1				64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
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30							80		
31							81		
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33							83		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3		3				TOTAL IND.		
TOTAL DEP.	17		23				TOTAL DEP.		
TOTAL CLAIMS	20		26				TOTAL CLAIMS		

PTO-1360 (5-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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